



The TRUTH™ Network

Treating Nicotine Dependence

Utah's Healthcare Provider Guide

PAGE **2** Treating Nicotine Dependence

The 5 A's is a proven effective smoking cessation strategy for healthcare providers that can be implemented in 3-5 minutes. As part of the intervention, healthcare providers can refer patients to statewide resources in The TRUTH Network.

PAGE **4** Utah Tobacco Quit Line

The Utah Tobacco Quit Line, 1-888-567-TRUTH, is a free, statewide telephone tobacco cessation service.

PAGE **5** Quit Line Fax Referral

When healthcare providers refer clients by fax, the Utah Tobacco Quit Line calls the clients to help them quit.

PAGE **6** Pharmacotherapy Guide

This reference explains all of the FDA-approved medications to treat nicotine withdrawal.

PAGE **8** The TRUTH Network Resources

In addition to the Utah Tobacco Quit Line, the TRUTH Network includes:

- The Tobacco Free Resource Line: A source for free materials and information about tobacco.
- Utah QuitNet: A free online support program offering personalized quitting plans and information, peer support, expert advice, and pharmaceutical product support. utahquitnet.com
- First Step: A Pregnant Woman's Guide to Quitting Tobacco Use: A guided self-help program for pregnant tobacco users.

Dear Colleague,

We would like to introduce you to The TRUTH™ Network.

It is a compilation of Utah's evidence-based tobacco treatment resources available for your patients.

Tobacco use is still the leading preventable cause of death in the U.S. and kills over 1,200 Utahns annually. There are more than 190,000 smokers in Utah; 81.5% would like to quit. Research shows **that people are more likely to quit when a healthcare provider advises them to do so.** Their likelihood of success is dramatically increased when this advice is combined with counseling, provided free through the Utah Tobacco Quit Line, and appropriate pharmacotherapy. This easy-to-follow guide provides a variety of resources to help you meet your patients' needs.

We think you will find the services available through The TRUTH™ Network convenient and effective for your nicotine-dependent patients.

Sincerely,

David N. Sundwall, M.D.
Executive Director
Utah Department of Health

Faye Keller
President
Coalition for a Tobacco Free Utah



**Healthcare
Providers
have a vital
role in helping
people quit
smoking.**

Treating Nicotine Dependence

There is no clinical intervention available today that can reduce illness, prevent death and increase quality of life more than effective tobacco dependence treatments. The Public Health Service Guideline assists healthcare providers in treating tobacco dependence through a simple 3-minute intervention called the 5 A's.

Here is why:

- Tobacco dependence is a chronic condition and healthcare providers have a continuous relationship with smoking patients.
- Healthcare providers are a credible source of health-related information and assistance.
- Research has proven that healthcare provider advice to quit using the 5 A's improves cessation rates.
- Numerous effective pharmacotherapies for smoking cessation exist.¹

Patients willing to try to quit should be treated using the 5 A's.

- **Ask** about tobacco use either verbally or through a written form.
- **Advise** all tobacco users to quit.
- **Assess** their willingness to make a quit attempt.
- **Assist** the patient in quitting.
- **Arrange follow-up** to support their efforts.

Patients unwilling to try to quit should be provided with a brief motivational intervention called the 5 R's.

- **Relevance:** Help the client examine how quitting is important to their personal situation.
- **Risks:** Identify negative consequences of continued tobacco use.
- **Rewards:** List potential benefits of quitting.
- **Roadblocks:** Identify barriers preventing cessation and discuss solutions.
- **Repetition:** Repeat this intervention with every visit.

Patients who have recently quit using tobacco should be provided a simple relapse prevention treatment.

- **Congratulate** success.
- **Review** any health benefits derived from quitting.
- **Discuss** problems encountered or anticipated threats to maintaining abstinence.

The complete Guideline is available at www.tobaccofreeutah.org/healthcarelinks.html or by calling 1-877-220-3466 - the Tobacco Free Resource Line.



**This 3-5
minute
intervention
improves
quitting
rates.**

5 A's Tobacco Intervention

1. Ask About Tobacco Use

Implement an office system ensuring that tobacco-use status is queried and documented for every patient. Indicate smoking status using computer reminder systems or a sticker or stamp on all patient charts.

2. Advise All Tobacco Users To Quit

Give clear, strong, personalized advice to quit. "I strongly advise you to quit. It is extremely important to your health. I can help you."

3. Assess Readiness To Quit

"Are you willing to make a quit attempt at this time?"

- No - Provide "The TRUTH Network Think About It" pamphlet. Motivate with the 5 R's.
- Yes - Continue with the following steps.

4. Assist Tobacco Users In Quitting

Discuss the quitting process.

- Set a quit date.
- Tell family and friends.
- Review past quit attempts. What worked? What didn't?
- Anticipate challenges, such as withdrawal.
- Remove tobacco from home, work and car.
- Avoid alcohol during withdrawal period because it is a trigger.

Recommend pharmacotherapy.

Have client fill out the fax referral form.

Provide "The TRUTH Network Welcome Guide" pamphlet.

5. Arrange Follow-Up

- Fax their referral forms to the Utah Tobacco Quit Line at 1-800-483-3076 and the Quit Line will follow up with your patients and inform you of what services they received.
- At subsequent visits or by phone, review quit status, pharmacotherapy use and problems. If patients have relapsed, help them see the relapse as a learning experience.



The Utah Tobacco Quit Line

triples or quadruples quitting rates of Utah tobacco users.²

Utah Tobacco Quit Line

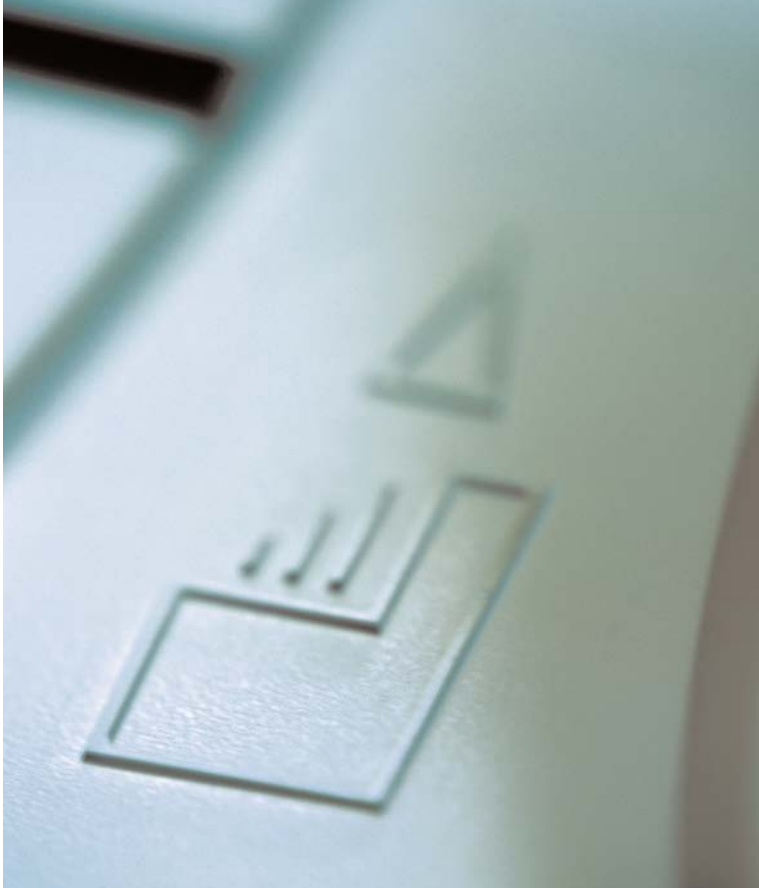
Without help, only 7-8% of tobacco users are able to quit successfully.¹ Follow-up surveys show that 27-51% of the participants in the Utah Tobacco Quit Line are still tobacco-free six months after receiving Quit Line services.²

Tobacco users have been proven more likely to use telephone counseling than in-person counseling.³

- Tobacco users don't have to leave home, find transportation or arrange childcare to get help.
- Counseling is available at night and on weekends.
- Tobacco users can both schedule phone counseling sessions and call spontaneously when they need help most.
- The Quit Line has multiple-language capacity.

What will the Utah Tobacco Quit Line do?

1. The Utah Tobacco Quit Line calls the client to help them quit using tobacco. The Quit Line will make at least three attempts to reach the client, starting within one business day of the referral.
2. The Quit Line provides **FREE** cessation services:
 - **Telephone Counseling** from a qualified counselor, including multiple sessions if desired by the client.
 - **Quit Kits** with quitting guides and tobacco alternatives such as gum and worry stones.
 - **Referrals** to QuitNet and local cessation classes.
 - **Nicotine Replacement Therapy** if eligible and appropriate.
3. The Utah Tobacco Quit Line faxes your clinic so that you know what type of services your patient received.



**Through
fax referral,
healthcare
providers can
directly link
their patients to
the Utah Tobacco
Quit Line.**

Quit Line Fax Referral

Why should I use fax referral?

Fax referral eliminates problems that prevent patients from contacting the Quit Line, such as losing the phone number, nervousness about initiating calls or forgetting to call. When healthcare providers refer patients by fax, the Quit Line sends the healthcare providers information about which services their patients have received, facilitating follow-up. The Quit Line also tracks the number of fax referrals from each clinic to help healthcare organizations evaluate referral programs.

How do I use fax referral?

1. Enter your clinic information. You can enter your clinic information at www.tobaccofreeutah.org/healthcare or by sending an email to TheTRUTH@utah.gov. You will need to enter four fields:

- **The name of your clinic.**
- **The name of a person at your clinic who will act as the clinic contact person.** The Utah Tobacco Quit Line will call the contact person for clarification if it receives an incomplete or illegible form. This person should be someone who is available to respond to phone calls, such as a secretary or receptionist, rather than someone who will usually be caring for patients and unable to come to the phone.
- **The fax number of your clinic.**
- **The phone number of your clinic** The clinic phone number you provide on the form should be the contact person's phone number.

2. Print the form and photocopy it. Make enough copies for each of your tobacco-using clients to complete their own form.

3. Ask your tobacco-using clients if they would like the Utah Tobacco Quit Line to help them quit. If a client would like help, write your name on item 1 of the form and ask the client to fill out the other items. The client must sign the form. If the client does not want to fill out the form, give the patient the Quit Line's toll free number (1-888-567 -TRUTH) or offer a Utah Tobacco Quit Line card so that the client can contact the Quit Line when they are ready. Do not pressure clients to fill out the form if they do not want to.

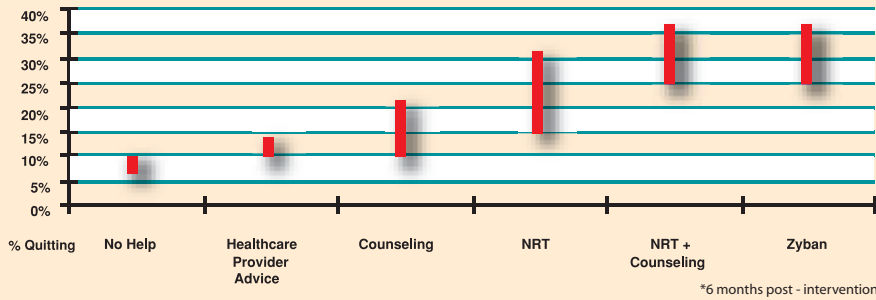
4. When the client finishes filling out the form, verify that all items are filled in, that the handwriting is readable and that the mandatory signature is present.

5. Fax the form to the Utah Tobacco Quit Line's fax number: 1-800-483-3114.

Pharmacotherapy Guide

"All patients attempting to quit should be encouraged to use effective pharmacotherapies for smoking cessation except in the presence of special circumstances."¹ Nicotine Replacement Therapy (NRT) and/or bupropion SR approximately double long-term quit rates. Recommend pharmacotherapy to all adult patients who smoke, are interested in quitting and for whom NRT or bupropion SR is not medically contraindicated.¹

Estimated Success Rates of Therapies*



Adolescents

Bupropion SR and NRT are not known to be harmful to adolescents, but have not been proven beneficial to them nor approved by the FDA for their use. Adolescents often smoke for psychosocial and behavioral reasons rather than nicotine dependency.¹

Combination Therapy

Some studies show improved tobacco cessation when two different pharmacotherapies are combined, usually combining passive dosing

(such as bupropion SR or the patch) with a self-administered form (such as the gum or inhaler). Increased side effects and monetary costs are drawbacks.¹

Insurance Coverage

Some of Utah's private insurers and some state programs cover these medications. Medicaid and Primary Care Network (PCN) offer 12 weeks of bupropion SR. Eight weeks of Nicotine Patch or Gum are available to uninsured and Medicaid or PCN-insured tobacco users through the Utah Tobacco Quit Line. Eligibility for Quit Line pharmacotherapy benefits expand to other population groups when funding levels are adequate. For current eligibility requirements, see www.tobaccofreeutah.org/healthcare or call 1-877-220-3466.

Pregnancy

Pharmacotherapy is recommended only when unable to quit with behavioral interventions alone and when the increased likelihood of smoking cessation outweighs the risks of pharmacotherapy and potential continued smoking.¹

Psychiatric Conditions

"Although psychiatric comorbidity places smokers at increased risk for relapse, such smokers can be helped by smoking cessation treatments."¹ Bupropion SR is efficacious for depression as well as smoking cessation.¹ Treating the comorbid condition may improve the likelihood of cessation.⁵


Weight Gain

Most smokers who quit gain up to 10 lbs due to metabolic adjustments and increased consumption. Bupropion SR and NRT, especially the gum, delay weight gain until after pharmacotherapy is discontinued.¹

COMPARISON OF CURRENT PHARMACOTHERAPY FOR NICOTINE DEPENDENCE TREATMENT*

Product	Nicotine Patch		Nicotine Gum	Nicotine Lozenge	Nicotine Nasal Spray	Nicotine Inhaler	Bupropion HCl SR Tablet
Brand Names	Nicotrol®	Nicoderm CQ® generic	NICORETTE® generic	COMMIT®	NICOTROL® NS	NICOTROL® INHALER	ZYBAN® generic
Availability	OTC		OTC	OTC	Rx	Rx	Rx
Product Strengths	15 mg	21 mg 14 mg 7 mg	2 mg (for smokers of < 24 cigarettes/day) 4 mg (for smokers of > 25 cigarettes/day)	2 mg (for those who start smoking after 30 minutes of waking) 4 mg (for those who start smoking within 30 minutes of waking)	10 mg / ml	10 mg / cartridge (2mg absorbed/ cartridge)	150 mg
Initial Dosing	1 patch / 16 hours (remove at night)	1 patch / 24 hours	1 piece / 1 or 2 hours	1 lozenge / 1 or 2 hours	1-2 doses / hour (1 dose = 2 sprays or 1 per nostril)	6-16 cartridges / day	150mg / day (days 1-7***)
Maximum Dosing	Same as above		24 pieces / 24 hours	5 lozenges / 6 hours or 20 lozenges/day	5 doses / hour or 40 doses/day	16 cartridges / day	300mg / day (days 8+)
Time to Peak Plasma Level	5-10 hours		20-30 minutes	20-30 minutes	5-7 minutes	15 minutes	3 hours
Recommended Treatment Duration	10 weeks (2-6 weeks per dose level)	8-10 weeks (2-4 weeks per dose level)	8-12 weeks	12 weeks	3-6 months	Up to 6 months, taper during final 3 months	7-12 weeks (In special circum- stances, may take for up to 6 months)
Adverse Reactions	<ul style="list-style-type: none"> Mild skin reaction (Rotate and use steroid cream or try a different brand.) 	<ul style="list-style-type: none"> Mild skin reaction (Rotate and use steroid cream or try a different brand.) Vivid dreams, sleep disturbances (Remove at bed time. Note that dose will be lower if removed.) 	<ul style="list-style-type: none"> Mouth soreness Hiccups Dyspepsia Mild, transient jaw ache (Correct technique.) 	<ul style="list-style-type: none"> Headaches Insomnia Nausea if swallowed or chewed (Correct technique.) 	<ul style="list-style-type: none"> Dependence potential Local transient irritation in nose, throat and eyes (Resolved through regular use.) 	<ul style="list-style-type: none"> Mouth and throat irritation (Resolved through regular use.) Dyspepsia 	<ul style="list-style-type: none"> Dry mouth; Insomnia (Avoid use at bedtime.) Shakiness Skin rash
Cautions and Contraindications	Cautions: Pregnancy, 2-week post myocardial infarction, serious arrhythmia or serious angina, peptic ulcers. Contraindications: Severe eczema or other skin disease; allergy to adhesive tape.		Cautions: Pregnancy, 2-week post myocardial infarction, serious arrhythmia or serious angina, peptic ulcers. Contraindications: Severe TMJ disease or other jaw problems; presence of dentures or other dental appliances.	Cautions: Pregnancy, 2-week post myocardial infarction, serious arrhythmia or serious angina, peptic ulcers.	Cautions: Pregnancy, 2-week post myocardial infarction, serious arrhythmia or serious angina, peptic ulcers. Contraindications: Asthma; rhinitis; nasal polyps; sinusitis.	Cautions: Pregnancy, 2-week post myocardial infarction, serious arrhythmia or serious angina, peptic ulcers. Contraindications: Allergy to menthol.	Contraindications: Seizure disorder; current use of Wellbutrin/bupropion; current or prior bulimia or anorexia nervosa; current or recent use of MAO inhibitors; bupropion allergy.
Approximate Price**	\$128 total, \$2.28/day		\$368 total, \$4.38/day	\$465 total, \$5.54/day	\$631 total, \$6.44/day	\$859 total, \$5.12/day	\$190 total, \$2.18/day
Instructions for Use	Stop all tobacco use prior to treatment. Apply 1 patch to healthy, clean, dry, hairless skin such as upper arm or hip. Remove and replace daily. Some brands are for 24-hour wear; some are for day-time wear only. Remove 2 hours before prolonged strenuous exercise.		Stop all tobacco use prior to treatment. Bite gum slowly until you notice a peppery taste and a slight tingle. Then park between your cheek and gum. When taste and tingle fade, bite until it starts working again, then park in another part of your mouth. Continue for 30 minutes.	Stop all tobacco use prior to treatment. Allow lozenge to dissolve slowly over 20-30 minutes without chewing or swallowing. Occasionally move the lozenge from one side of your mouth to the other.	Stop all tobacco use prior to treatment. Blow nose if it is not clear. Tilt head back slightly. Insert tip of bottle as far into nostril as is comfortable. Breathe through mouth. Spray once in each nostril. Do not sniff or inhale while spraying. If nose runs, gently sniff to keep spray in nose. Wait two or three minutes before blowing nose.	Stop all tobacco use prior to treatment. Pull off the top of the mouthpiece. Press one cartridge firmly into bottom of mouthpiece until seal breaks. Replace top. Align marks to close. Inhale a short breath to the back of mouth or puff in short breaths. Do not inhale to lungs. The nicotine in a cartridge lasts for about 20 minutes of active puffing.	Start using bupropion one to two weeks before quitting tobacco use. Take 1 tablet orally (150 mg) each morning for 7 days.*** Then take a tablet each morning and another each evening.

* Inclusion of this adult dosage chart is strictly for the convenience of the prescribing provider. Please consult the Physicians' Desk Reference or the product manufacturer for complete product information and contraindications. ** Prices are based on those found at www.drugstore.com (Rite Aid) in August 2004 and were calculated from the midpoint of the highest and lowest recommended dosages. The price/day is averaged across the full regimen. All prices are based on the generic brand except the lozenge, nasal spray and inhaler, which are not yet available in generic form. By comparison, the average price of cigarettes in Utah is \$3.81/pack.⁴ ***Package insert says 1 tablet a day for 3 days. Seven-day instructions are an off-label suggestion to avoid side effects.



The Utah Tobacco Quit Line is one of many free resources in The TRUTH Network.

The TRUTH Network Resources

Tobacco Free Resource Line

Phone: 1-877-220-3466

Email: TheTRUTH@utah.gov

Online Healthcare Provider Information:

www.tobaccofreeutah.org/healthcare

Healthcare providers may call or email to order additional The TRUTH Network materials, including Utah Tobacco Quit Line and Utah QuitNet referral cards (useful for waiting/exam rooms), fax referral forms, chart stickers, copies of the Public Health Service Guideline, 5 A's pocket cards, self-help materials and many other items with information about health effects, secondhand smoke, diverse populations, tobacco laws & statistics, etc.

Utah Tobacco Quit Line

General: 1-888-567-TRUTH (8788)

Spanish: 1-877-629-1585

Fax: 1-800-483-3076

TTY (for the deaf): 1-877-777-6534

This service provides telephone-based counseling, support materials and referrals to additional cessation assistance when appropriate. A fax referral form can be obtained from www.tobaccofreeutah.org/healthcare or TheTRUTH@utah.gov.

Utah QuitNet

utahquitnet.com

Utah QuitNet is a state-of-the-art online tobacco cessation support program. The site tracks each person's progress and makes suggestions about next steps. It includes tools to help tobacco users create quitting plans, quitting guides, peer support through message boards and email, expert advice and other services to help people quit using tobacco.

First Step: A Pregnant Women's Guide to Quitting Tobacco Use

First Step is a program to support pregnant women quitting smoking, administered by local health departments. Call the Tobacco Free Resource Line for a contact in your area.

End Notes

1. Fiore, M.C., Bailey, W.C., Cohen, S.J., et al. (2000). *Treating Tobacco Use and Dependence. Clinical Practice Guideline*. U.S. Department of Human Services, Public Health Service (PHS).

2. Tobacco Prevention and Control Program, Utah Department of Health (2004). *Tobacco Prevention and Control in Utah: Fourth Annual Report—August 2004*. Available: <http://www.tobaccofreeutah.org/tpcfy04report.pdf>

3. Office on Smoking and Health, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services (2002). *Coverage for Tobacco Use Cessation Treatments*. Available: <http://www.ede.aov/tobacco/educational materials/cessation/index.html>

4. Office on Smoking and Health, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services (2004). *Data Highlights 2004*. Available: <http://www.cdc.gov/tobacco/datahighlights/page6.htm>

5. Fisher, E.B., Holt, D., Glasgow, R. & Green, L. (2000). *Incentives in Control and Cessation of Cigarette Smoking*. Robert Woods Johnson Foundation, Smoke Free Families Program.

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